OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE



PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.") SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: **SECTION II-TYPE OF REPORT:** ee the Schedule of Reporting Dates to complete this section) (a) Candidate Name: 1st Preliminary Primary MARK STEVEN Amended 2nd Preliminary Primary (b) Committee Name: Short Form 1 (c) Mailing Address: **Final Primary** Preliminary General REPORTING PERIOD Phone (Bus) (Res) Final Election Period 09/24/06 through 10/23/05 Treasurer's Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) **COLUMN A COLUMN B ELECTION PERIOD**² **TOTAL THIS PERIOD TOTAL TO DATE** Cash on Hand at the Beginning of the Election Period... 9484.86 Cash on Hand at the Beginning of this Reporting Period..... 13,078.26 2419.16 Total Receipts (From Line 15)..... 15497.42 Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)...... 5070.15 Total Disbursements (not including Unpaid Expenditures) (From Line 19)..... 10427.27 Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4) 1497.18 Total Loans at the Closing of this Reporting Period..... Total Unpaid Expenditures at the Closing of this Reporting Period..... 1497.18 Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)..... J930.09 10. Surplus/Deficit (Subtract Line 9 from Line 6)..... I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

Short Form is checked if the candidate is filling a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS

COLUMN A

TOTAL THIS PERIOD TOTAL TO DATE

COLUMN B

11. Contributions From: 11 (a) Individuals/Other Entities/Noncandidate Committees/Political Parties 11(a) (i) Monetary and Non-Monetary Contributions of \$100 or Less..... 280.00 Monetary and Non-Monetary Contributions of More Than \$100..... (ii) 11(a)(ii) (iii) Subtotal (Add Lines 11(a)(ii) and 11(a)(iii)..... 1 1 (a) (iii) Candidate or Candidate's Immediate Family 11(b) Monetary and Non-Monetary Contributions of \$100 or Less..... Ø 11(b)(i) (ii)Monetary and Non-Monetary Contributions of More Than \$100..... 1.1 (b) (ii) (iii) Subtotal (Add Lines 11(b)(ii) and 11(b)(iii))..... 11(b)(iii) Ø 12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)..... 1,680.00 13. Public Funds and Other Receipts..... 70.00 14. Loans.... 739.16 15. Total Receipts (Add Lines 12 through 14)..... 2,419.16 **DISBURSEMENTS** 5070.15 20,589.71 17. Loans Repaid or Forgiven..... 5,812.12 18. Unpaid Expenditures Paid or Forgiven..... 18 19. Subtotal Disbursements (Add Lines 16 through 18)..... 5.070.15 20. Unpaid Expenditures..... 20 21. Total Disbursements (Add Lines 19 and 20).....

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CHECK ONLY ONE BOX	ŀ
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☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE	
COMMITTEES/POLITICAL PARTIES	

CANDIDATE OR CANDIDATE'S IMMÉDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

CANDIDATE A	ND CANDIDATE COMMITTEE NAME:	PA	AGE OF	
MAP	K STEWEN MOSES	FRIENDS OF		
DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR	1	\$ AGGREGATE ELECTION PERIOD
CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	THIS PERIOD	TOTAL TO DATE
10/19/06	Hawaii yourg Republican PAC P. O. BOX 240733 HONOlulus HI 96824		200.00	200.00
10/19106	NON-MONETARY CONTRIBUTION HErman S. W. Young 92-317 Hookili place Kapolei, HI 96707		200.00	200.00
10/23/06	□ NON-MONETARY CONTRIBUTION Linda Smith 2650 pacific Hights Rd HONOlulu, HI 96813		1,000.01	1,700.00
	NON-MONETARY CONTRIBUTION			
-				
	NON-MONETARY CONTRIBUTION			
				AN MANAGEMENT AND AN ANALYSIS AND ANALYSIS ANALYSIS AND A
	NON-MONETARY CONTRIBUTION			
. SUBTOTAL OF	MONETARY AND NON-MONETARY CONTRIBUTIONS T	HIS PERIOD (This Page)	1,400,00	
. TOTAL MONE the applicable	TARY AND NON-MONETARY CONTRIBUTIONS THIS PER Line Number of the Disclosure Report – 11(a)(ii) or 11(b)	RIOD (Last Page Only) (Transfe	r total 1,400.00	

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

	ND CANDIDATE COMMITTEE NAME:	PAGE /	of /
MARK	STEVEN MOSES FRIEN	IDS OF MARK MOS	<u> </u>
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY
9127/06	McDonalds of Kapolei 91-590 Farrington Hwy Kapolei, HI 96707	Sign Waver Refreshment	# 11.5b
9/29/06	Buy. Com 80 Enterprise. Suite 100 Aliso Viejo, CA 92656	Hard Drive Compaign Data/ Mailers & Mailing Lis	4 281.47
9/30/06	Handy Pantry 92-585 A makakilo Dr Kapolei, HI 96707	makakilo walk Refreshment	\$ 11.76
10/03/06	u. s. postmaster main Office	Family night with mark mailing.	#//73.9£
10/05/66	OFFICE max 94-861 Lumiaina street Waipahu, HI 96797	Campaign supply Rubber Band	* 9.98
10/07/06	Longs Drugs Kapolei 590 Farrington Hwy Kapolei HI 96707	Kapolei wask Ice	# 1.76
10/07/06	Non-monetary contribution McDonalds of Kapolei 91-590 Farrington Hwy Kapolei, HI 98707	Kapoles walk Refreshment	\$ 27.55
SUBTOTAL OF	EXPENDITURES THIS PERIOD (This Page)		1,518.00
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SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

	D CANDIDATE COMMITTEE NAME:	PAGE 2 0	
MARK	STEVEN MOSES	FRIENDS OF MARK MOS	ES
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION		AMOUNT OF EXPENDITURE OR FAIR MARKET VALUU OF NON-MONETARY CONTRIBUTION THIS PERIOD
10/08/06	Navy Exchange BldG 1928 Saratoga AVE Borbers point, HI 96707	makak:lo Walk ICE	\$ 1.49
10/09/06	□ NON-MONETARY CONTRIBUTION K- Mart 500 Kamokila Blvd Kapolei, HI 96707	Compaign supply Walk Bag	# 14.99
10/09/06	MON-MONETARY CONTRIBUTION Hapa Grill 590 Farrington Hwy Kapolei, HI 96707	makakilo walk Yolunteers Refreshment.	# 63.54
10/10/06	□ NON-MONETARY CONTRIBUTION U.S. Postmaster Moin OFFICE	Compaign Flyer mailing.	\$ 1,425.4
10/12/06	non-monetary contribution Sam's club 1000 Kan Hwy, suite 100 Pearl City, HI 96782	Family night with mark supply	137.86
10/12/06	Navy Exchange BldG 1928 Saratoga Ave Barbers Point, HI 96107	Family night with Mark Door Prizes	26.20
0/12/06	□ NON-MONETARY CONTRIBUTION Jack in the Box 91-591 Farrington Hwy Kapolei HI 96707	Refreshment for Yolunteers Tamily might with mark	24.54
SUBTOTAL OF	EXPENDITURES THIS PERIOD (This Page)		1,694.08
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SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

	D CANDIDATE COMMITTEE NAME:	_	of 3
MARK	STEVEN MOSES	FRIENDS OF MARK MOSE	5
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND VENDOR OR SOURCE OF NON-MONETARY CON	D ZIPCODE OF PURPOSE OF EXPENDITURE OR DESCRIPTION OF	AMOUNT OF EXPENDITURE OR FAIR MARKET VALU OF NON-MONETAR
10/12/06	Island Heart 601 672-4291	Family night with mark Entertainment.	300.00
10/14/6	Kapolei, HI 9670	# 1263 Refreshment for Volunteers Walk.	34.37
10/17/06	□ NON-MONETARY CONTRIBUTION U.S. POST-master Main OFFice	compaign Flye.	357.6
WAY CHARLES	□ NON-MONETARY CONTRIBUTION RESKYU 15b BanniSter 3t Howolulu, HI 96519	printing for Compaign Flyer	582.20
0/18/05	Safeway Kapolei 590 Farrington Hu Kapolei, HI 96707	Refreshment for Volunteers	28.87
0/19/05	Non-monetary contribution Evelyn Souza 92-848 Palailai st Kapolei HI 96707	Campaign supply Oriental Trading Co.	148.95
	Non-monetary contribution Evelyn Souza 92-848 Palailoi Kapolei, HI 9670-	· · · · · · · · · · · · · · · · · · ·	342.74
			1.794.8

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

CANDIDATE AL	ND CANDIDATE COMMITTEE NAME:		PAGE 4	OF 4
MARK	STEVEN MOSES	FRIENDS O	OF MARK M	ases
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF	F EXPENDITURE OR DESCRIPTION MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OF FAIR MARKET VAL OF NON-MONETAL
10/19/06	Evelyn Souza 92-843 palailai St Kapolei, HI 96707	Campoly	paign Supp Seal Top Bo	oly 33.33
10/22/06	Kapolei, HI 96707		Kilo/Kapole Walk Ice	i 1.55
10/22/06	Non-monetary contribution Medonalds of Kapolei 91-590 Farrington Hwy Kapolei, HI 96707	maka Refr	kilo/Kapole. Walk esh ment.	28.34
	NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION			
SUBTOTAL OF	EXPENDITURES THIS PERIOD (This Page)		***************************************	63.2
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SCHEDULE C PUBLIC FUNDS AND OTHER RECEIPTS CANDIDATE COMMITTEE

CANDIDATE AN	D CANDIDATE CO	OMMITTEE NAME:			PAGE	OF	ONE FOR OSE.
MARK	STEVEN	Moses	FRIEN	ios of	MARK	Mases	
DATE OF DEPOSIT	FULL NAME, S SOURC	STREET ADDRESS, CITY, STATE AND ZIPCO CE OF PUBLIC FUNDS OR OTHER RECEIPT		DESCRIPTION OF OT		AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
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ATTACH A COPY OF THE EXECUTED LOAN DOCUMENT AT THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE D LOANS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE

CANDIDATE AN	ID CANDIDATE COMMITTEE NAME:	OH THE PURPOSE OF SO	PAGE	ONS OR FOR ANY COM	
MARK	STEVEN MOSES	FRIENDS			10SES
LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT	NEW LOAN	AMOUNT REPAID	AMOUNT OF
DATE OF LOAN	PURPOSE OF LOAN	BEGINNING OF THIS PERIOD	AMOUNT THIS PERIOD	OR FORGIVEN THIS PERIOD	CLOSING OF THIS PERIOD
CANDIDAYE BAMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	MeDonalds OF Kapolei 91-590 Farrington Hwy Kapolei HI 96707	758.02	11,56	FORGIVEN	
9/27/06	sign waver Refreshment				T T T T T T T T T T T T T T T T T T T
CANDIDATE MAMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	Buy , Con 85 Enterprise . suite 100 Aliso Viejo , CA 92656		281.47	FORGIVEN	
9/29/06	Hard Drive for compargn Data			,	AAA TOO TOO TOO TOO TOO TOO TOO TOO TOO
CANDIDATE IMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	Handy pantry 92-585 A. Makakilo Dr Kapolei HI 96707 Makakilo Walk Refreshment	L	11.76	FORGIVEN	
CANDIDATE IMMEDIATE FAMILY FINANCIAL INSTITUTION GTHER	OFFICE max 94-861 Lumiaina 5+ Waipahu, HI 96797 Campaign supply Rubber Band		9.98	FORGIVEN	
CANDIDATE BAMBEDIATE FAMILY FINANCIAL INSTITUTION OTHER	Long Drugs Kapolei 590 Farrington Hwy Kapolei, H. S. 96707 Kapolei Walk Ice		1.76	FORGIVEN	
	onis Page)OANS THIS PERIOD (Last Page Only) (Transfer total to Line		316.53		
the Disclosure Re	port)	***************************************			
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Form CC-5(D) (Rev. 5/99)

ATTACH A COPY OF THE **EXECUTED LOAN DOCUMENT AT** THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE D **LOANS CANDIDATE COMMITTEE**

CANDIDATE AN	ID CANDIDATE COMMITTEE NAME:		PAGE	2	OF	2
MARK	STEVEN MOSES	FRIENDS	OF M	ARK	Ma	
LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF	NEW LOAN AMOUNT	AMOUA	NT REPAID	AMOUNT OF LOAN AT
DATE OF LOAN	PURPOSE OF LOAN	THIS PERIOD	THIS PERIOD		PERIOD	CLOSING OF THIS PERIOD
CANDIDATE IMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	McDonalds OF Kapolei 91-590 Farrington Hwy Kapolei, HI 96707		27.55	FORGI	VEN	
10/07/06	Kapolei Walk Refreshment					
☐ CANDIDATE ☐ IMMEDIATE FAMILY ☐ FINANCIAL INSTITUTION ☐ OTHER	Navy Exchang BIDG 1928 Saratoga AVE Barbers point, HI 96707		1.49	FORGI	VEN	
10/08/06	makakilo Walk Ice					
CANDIDATE BIMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	13- mart 500 Mamokila Blvd Kapolei, HI 96707		14.99	FORGI	VEN	
10/09/06	Campaign Supply Walk Bag					
☐ CANDIDATE ☐ IMMEDIATE FAMILY ☐ FINANCIAL INSTITUTION ☐ OTHER	Hapa Gr:11 590 Farrington Hwy Kapolei HI 96707		63.54	FORGIN	/EN	
10/09/06	Makakilo Walk Refreshment					
CANDIDATE IMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	Sam's club 1000 Kam Hwy, suite100 pearl city, HI 96782		137.86	FORGIV	/EN	
10/12/06	Family night Door Prizes					
1. SUBTOTAL (TI	his Page)	************	245,43	•		
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Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

ATTACH A COPY OF THE EXECUTED LOAN DOCUMENT AT THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE D LOANS CANDIDATE COMMITTEE

	ND CANDIDATE COMMITTEE NAME:		PAGE		3	OF	3
MARK	STEVEN MOSES	FRIENDS	OF	MI	IRK	Mas	
LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT	NEW LOAN		AMOUNT	The state of the s	AMOUNT O
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CANDIDATE IMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	Navy Exchange Bldg 1928 Saratoga AVE Barbers Point, HI 96707		26.2		FORGIVI	EN	
10/12/06	Family night Door prizes	***		The state of the s		and the second second second	
CANDIDATE RAMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	Jack in the Box 91-591 Farrington Hwy Kapolei, HI 96707		24.5	4	FORGIVE	:N	
10/12/06	Volunteers Refreshment						
CANDIDATE IMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	Safe Way Kapolei #1263 590 Farrington Hwy Kapolei, HI 96707		34.3		FORGIVE	N	
10/14/06	Volunteers Refreshment						
CANDIDATE MMEDIATE FAMILY FINANCIAL INSTITUTION DTHER	Safeway Kapdei #1263 590 Farrington Hwy Kapolei, HI 96707		28.8		FORGIVE	N	
10/18/06	Volunteers Refreshment	A A A A A A A A A A A A A A A A A A A					
CANDIDATE MMEDIATE FAMILY BINANCIAL INSTITUTION OTHER	Evelyn Souza 92-848 palailai 6+ Kapolei, HI 96707 Campaign Supply, Poly coal Top Bog		33.3	3	FORGIVE	4	
0/19/06	Campaign Supply, Poly seal Top Bog	•					
	his Page)	-	147.3	31			
TOTAL NEW L	OANS THIS PERIOD (Last Page Only) (Transfer total to Line port)	Number 14 of					
OTAL LOANS	REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Trarport)	ــــ nsfer total to Line N	umber 17 of		<i> </i>		

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

ATTACH A COPY OF THE **EXECUTED LOAN DOCUMENT AT** THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE D LOANS CANDIDATE COMMITTEE

O INFORMATION OF	COPIES FROM THE REP	ORTS SHALL BE SOLD OR USED BY ANY PERSON I	OR THE PURPOSE OF SC	LICITING CO	NTRIBUTIONS	OR FOR	ANY COMMERC	IAL PURPOSE.
CANDIDATE ANI	D CANDIDATE CO	MMITTEE NAME:		PAC		4	OF	4
MADY	STEVEN	Mases	FRIENDS	OF	MAR	K	MOSES	
LOAN SOURCE	FULL NAME, STREET	ADDRESS, CITY, STATE AND ZIPCODE OF LENDER OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF	NEW AMC	LOAN JUNT	AMO OR	UNT REPAID FORGIVEN	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
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CANDIDATE I IMMEDIATE FAMILY FINANCIAL INSTITUTION OTHER		pantry A. makakilo Dr , HI 96707		1.	55			
10/22/06	makakilo	/Kapolei Wolk Ice						
DAMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	91-590 Kapolei	/Kapolei Wolk Ice Ids of Kapolei Farrington Hwy , HI 96707		28	:34	For	RGIVEN	
10/22/06	Kapolei (welk Refreshment		24-000000000000000000000000000000000000				
CANDIDATE SAMEDIATE FAMILY FINANCIAL INSTITUTION OTHER	,					FO	RGIVEN I	
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SCHEDULE E UNPAID EXPENDITURES CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

	R COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON F	OR THE PURPOSE OF SOI	ICITING CONTRIBUTI	ONS OR FOR ANY COMM	ERCIAL PURPOSE.
	ID CANDIDATE COMMITTEE NAME:		PAGE	/ OF	/
MARK	STEVEN MOSES	FRIENDS	DF MA	AK MOS	E S
DATE OF UNPAID	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF	NEW UNPAID EXPENDITURE AMOUNT	AMOUNT PAID OR FORGIVEN	AMOUNT OF UNPAL EXPENDITURE AT CLOSING OF
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TAL UNPAID	EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last	Page Only) (Transfe	r total to Line Nu	umber 8 of the	
sure Report).		***************************************	******************	<*************************************	9

Form CC-5(E) (Rev. 5/99)